NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretury of State DIVISION OF CORPORATIONS

DOCUMENT #	N98000003880
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AWEDUCATION, INC.

Princ	lpal F	lace of E	Business
550	N.W.	I.E.JEUNE	ROAD

FILED Apr 27, 1999 8:00 am Secretary of State

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22 27	Not	Applicable
City & State 5. Certificate of Status Desired	a □ \$8.75 Ad	
23 28 5. Certicate of Status Desired	G G Fee Reg	uired
Zip Country Zlp Country 8. Election Campaign Financi		
24 25 29 30 Trust Fund Contribution	Added to	Fees
9. Name and Address of Current Registered Agent 10. Name and Address of Ne	w Registere d Agent	
81 Name		
WALL, NELSON C DR. 82 Street Address (P.O. Box: Number is Not Acco	epiable)	
550 N.W. LEJEUNE ROAD		
MIAMI FL 33126		
84 City	FL 85 Zip Co	xde
the highest for		enistered
11. Pursuent to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named carporation submitted unit settlement of the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named carporation's board of directors. I hereby an office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby an office or registered agent or both.	coent the appointment as reci	slered
	coops with opposition	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acagent, I am familiar with, and except the obligations of, Section 617.0503, Florida Statutes.		
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14. I hereby certify that the information supplied with this filips does not qualify for the exemption stated in Section 119.0*(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual peport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of mustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an appears, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

WINSAND, AMOS O MR.

BIRMINGHAM MI 48009

.909 TOTTENHAM

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